#### Application Information

Application Type::

371

Subject Matter::

Suggested Classification:: Suggested Group Art Unit ::

CD-ROM or CD-R?:: Number of CD disks:: Number of copies of CDs::

Sequence submission::

Computer Readable Form

Yes

(CRF)?::

Diskette

Number of copies of CRF::

Title Line One::

METHODS OF MODULATING BONE GROWTH, BONE REMODELING AND

Title Line Two:: Title Line Three::

ADIPOSITY 42-000400US

Attorney Docket Number:: Request for Early Publication?::

Request for Non—Publication?:: Suggested Drawing Figure::

**Total Drawing Sheets::** 

48

Small Entity::

Small

Petition included?::

Petition Type::

Secrecy Order in Parent Appl.?::

## **Applicant Information**

**Applicant Authority Type:**: Primary Citizenship Country:: Inventor Australia

Status::

Given Name::

Edith

Middle Name::

Gardiner

Family Name:: Name Suffix::

City of Residence::

Lindfield

State or Province of Residence: New South Wales

Country of Residence::

Australia

Street of mailing address::

32 Cocupara Avenue

City of mailing address::

Lindfield

State of mailing address::

**New South Wales** 

Country of mailing address::

Australia

Postal or Zip Code of mailing

address::

2070

Applicant Authority Type:: Inventor Primary Citizenship Country:: Austria

Status::

Given Name:: Herbert

Middle Name::

Family Name:: Herzog

Name Suffix::

City of Residence:: Bondi

State or Province of Residence: New South Wales

Country of Residence:: Australia

Street of mailing address:: 17/318 Bondi Road

City of mailing address:: Bondi

State of mailing address:: New South Wales

Country of mailing address:: Australia

Postal or Zip Code of mailing

address:: 2026

Applicant Authority Type:: Inventor Primary Citizenship Country:: Australia

Status::

Given Name:: Paul

Middle Name::

Family Name:: Baldock

Name Suffix::

City of Residence:: Bondi Beach
State or Province of Residence:: New South Wales

Country of Residence:: Australia

Street of mailing address:: 3/16 Fancis Street
City of mailing address:: Bondi Beach

State of mailing address::

Country of mailing address::

New South Wales

Australia

Postal or Zip Code of mailing

address:: 2026

Applicant Authority Type:: Inventor Primary Citizenship Country:: Australia

Status::

Given Name:: Amanda

Middle Name::

Family Name:: Sainsbury-Salis

Name Suffix::

City of Residence:: Kogarah

State or Province of Residence:: New South Wales

Country of Residence:: Australia

Street of mailing address:: Unit 2, 23 Railway Street

City of mailing address:: Kogarah

State of mailing address::

New South Wales

Country of mailing address::

Australia

Postal or Zip Code of mailing address::

2217

## **Correspondence Information**

Correspondence Customer Number::

22798

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### **Representative Information**

	Representative Customer Number::	22798
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## **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application is a	371 application pf	PCT/AU2003/001 227	09/18/2003

# **Assignee Information**

Assignee Name::: Garvan Institute of Medical Research